

USE OF A NON-VISUALIZED AIRWAY

PROVIDER NAME: _____ PROVIDER NO. _____

Non-visualized airway placement to establish control of the patient's airway may be performed by any trained and certified First Responder or licensed EMT affiliated with a certified first responder service or licensed ambulance service provider approved to use the non-visualized airway protocol.

1. INDICATIONS:

- A. Cardiac arrest from any cause
- B. Respiratory arrest with no gag reflex
- C. Unconscious patient with inadequate respiration and no gag reflex

2. Non-visualized airways approved for use by in State of Wisconsin include:

- A. ETC combitube

3. CONTRAINDICATIONS: DO NOT use on patient if....

- A. Patient is under 4 feet in height (review manufacturer's literature for correct size and placement)
- B. Patient has an active gag reflex
- C. Patient has known or suspected esophageal disease
- D. Patient has history of ingesting a caustic substance
- E. Patient has known or suspected foreign body obstruction of the larynx or trachea

4. PREPARE FOR INSERTION OF THE NON-VISUALIZED AIRWAY

- A. Contact medical control physician for authorization (if required by local protocol)
- B. Maintain ventilation with an oropharyngeal airway and bag-valve-mask
- C. Take appropriate body substance isolation precautions
- D. Determine and select appropriate airway for size of patient
- E. Prepare the non-visualized airway
 - 1) Determine cuff integrity per manufacturer's directions
 - 2) Lubricate as necessary
 - 3) Insure all necessary components and accessories are at hand
- F. Prepare the patient
 - 1) Reconfirm original assessment
 - 2) Inspect upper airway for visual obstructions and remove
 - 3) Pre-oxygenate the patient.
 - 4) Position the patient's head in a neutral position

5. AIRWAY INSERTION should be accomplished according to the manufacturer's directions
 - A. Ventilate the patient
 - B. Assess lung sounds for proper airway placement
 - C. Continue ongoing respiratory assessment and treatment
6. TUBE REMOVAL
 - A. Indications
 - 1) Patient regains consciousness
 - 2) Protective gag reflex returns
 - 3) Ventilation is inadequate
 - B. Contact medical control per protocol
 - 1) Do not delay removal when unable to contact medical control
 - C. Remove as per manufacturer's directions
 - D. Monitor airway and respirations closely, suction as needed
 - E. Place the patient on high flow oxygen and assist with ventilation as needed
7. PROVIDE PROMPT TRANSPORTATION

Note: Approval of use of the King LT-D or the LMA airway has been suspended.

Approved by: _____	Medical Director (Print)
_____	Medical Director Signature
_____	Date